



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Health Professions Licensure  
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COMMISSIONER

**BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS**

**Board of Nursing Home Administrators Deemed Status Application**

**I**

Organization Name: \_\_\_\_\_ Tel Number: \_\_\_\_\_

Business Address (Street): \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Website Address: \_\_\_\_\_

Contact Name and Title: \_\_\_\_\_

Is this an Initial or Renewal application: \_\_\_\_\_

**II**

List all names under which the applicant conducts or intends to conduct business:

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**III**

Materials to be submitted with the application:

- a) An outline of each Nursing Home Administrator-related course the applicant intends to offer, including topics to be covered and the amount of time to be given to each topic
- b) A copy (or list of) each course manual and the materials to be used in training
- c) A description of the teaching methods to be used (i.e., video, hands-on, lecture, etc.)
- d) A list of all instructor names and their resumes

- e) An example of the evaluation or examination given for each course
- f) A copy of the certificate given to successful course participants
- g) Student to instructor ratio to be used

#### IV

To be signed and dated by the Organization Contact:

I, \_\_\_\_\_, will ensure that all continuing education activities  
 (Print Name and Title)  
 presented, sponsored, or approved by my organization will meet all applicable program content  
 and administrative guidelines pursuant to 245 CMR 2.12(4).

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**Board Use Only**

**Approved by Board on: - - / - - / - - - -**